

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0855
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/07/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 surgical correction of ankle instability via Brostrom procedure as well as surgical correction of the peroneal subluxation via repair of retinaculum and deepening fibular fissure

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

☒ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his right ankle when he fell. The patient continued with complaints of 4/10 pain. Upon exam the patient demonstrated 5/5 strength throughout the right lower extremity. X-rays revealed no evidence of fracture. Subtalar joint was completely fused. Subchondral sclerosis was identified at the calcaneal cuboid, talonavicular, and ankle joints. The patient underwent an injection at the right ankle. The patient was recommended for MRI of the right ankle. MRI of the right ankle dated 02/21/14 revealed a screw fixation of the posterior talocalcaneal joint. A distal severe ankle sprain injury was identified. The anterior talofibular and spring ligaments were both markedly atrophic. Mild the talofibular ligament was identified as being mildly atrophic. A clinical note dated 03/05/14 indicated the patient continuing with ankle brace. However the patient stated the brace was not providing any significant benefit. The patient continued with 4/10 pain. The patient was recommended for surgical intervention to address ankle instability via Brostrom procedure and surgical correction of peroneal subluxation. The patient utilized a CAM walker with crutches. A clinical note dated 03/27/14 indicated the patient complaining of 6/10 pain. X-rays revealed evidence of a talar tilt at 15 degrees.

The Utilization review dated 03/20/14 resulted in a denial for the proposed procedure as no evidence had been provided suggesting the patient had undergone positive stress x-rays.

Utilization review dated 04/02/14 resulted in a denial as no functional limitations were identified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The clinical documentation indicates the patient complaining of right ankle pain. A ligament reconstruction would be indicated at the ankle provided that the patient meets specific criteria, including clinical documentation confirming the patient complaints of right ankle pain with associated pathology leading to functional deficits despite a completion of conservative treatments. The clinical notes indicate the patient undergoing x-rays revealing evidence of talar tilt at 15 degrees with evidence the patient had been guarding during the procedure. The patient failed conservative treatment including the use of a CAM walker. Additionally, the patient continues with antalgic gait and swelling. The MRI revealed markedly atrophic anterior talofibular and spring ligaments. The talo posterior talofibular ligament was also identified as being atrophic. Given these findings, the requested procedure is reasonable. As such, it is the opinion of this reviewer that the request for a surgical correction of ankle instability via a Brostrom procedure and surgical correction of peroneal subluxation via a repair of the retinaculum and deepening fibular fissure is recommended as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES